D 11		11										
		oplicant #: 131					Applicant's F	form Identif	er: DM	PS4710101		
	ct Person:						Phone Numb	er: 515-2	42-7773			
BLO	CK 5: Dis	scount Funding	g Reques	st(s)				Pag	e 187 of 319			
Instruc numbe	ctions: Use or the comp	one Block 5 pag leted pages to ass	e for EAC sure that th	CH servi hey are	ice (Funding labels) all processed	Request Num correctly.	ber) for which y	you are reque	sting discounts. M	ake as many copie	es of this page a	as necessary, and
FRN	#					(to be	assigned by	y administr	ator)			
11		of Service (only (_	_	ould be checke net Access			15	Contract Number (i T" if tariffed service nonth-to-month services described in instruction	, "MTM" if ices as	RFP #	00-48C
2	Form 470	Application Nu	mber:		7043	34000029662	0	16	Billing Account N e.g. billed telephor	umber:	N	/A
								17	Allowable Vendor S Contract Date: (mn	election/	12/12	2/2000
3		vice Provider ion Number:			1	143005247			Contract Award Da mm/dd/yyyy)	te		2/2001
ļ									Service State Date (1			/2001
4	Comice Du	and a second							Service End Date (m			/A
•	Service Pro	ovider Name			Gra	ybar Electri	e		C ontract Expiration mm/dd/yyyy)	Date	06/30	0/2002
2		of this Service: ities Receiving thi		a. If the Number of the Number	brand names. I he service is sit mber of the ent	Label this describe- e-specific (pro- ity from Block	vided to one site at 4 receiving this	and not shared service.	f components and co d note number in spa by others), list the Er the worksheet numb	ntity 58931 -	Attachment	USFATCH010:
3	Calculation	ns		(c.g	. A-1)	<u> </u>				· <u>. </u>		
		Recu	rring Cha	arges			Non	-Recurring	Charges		Total Charge	S
	A	В	С	I	D	E	F	C	Н	I	J	K
(total a	y \$ charges amount for rvice)	How much of the \$ amount in (A) is ineligible?	Eligible m pre-disc amou (A minu	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	15,000	0	15,000	15,000	60%	\$9,000

		pplicant #: 13	1976			Appl. s I	Form Identi	fier: DM	PS4710101		
Cont	act Person:	Greg Dav	vis			Phone Numb	er: 515-	242-7773			
LO	CK 5: Di	scount Fundin	g Request(<u> </u>			Pa	ge 188 of 319			
stru umb	ctions: Use er the comp	e one Block 5 pag pleted pages to as	ge for EACH sure that the	service (Funding are all processed	Request Num correctly.	ber) for which	you are requ	esting discounts. M	ake as many copi	es of this page	as necessary, an
RN	#				(to be	e assigned by	y adminis	trator)			
		of Service (only (mmunications Se	_	•			15	Contract Number (i "T" if tariffed service month-to-month serv described in instruction	e, "MTM" if ices as	RFP #	00-48C
	Form 470	Application Nu	ımber:	704	34000029662	0	16	Billing Account N (e.g. billed telephor	umber:	N	/ A
<u>.</u>							17	Allowable Vendor S Contract Date: (mn		12/12	/2000
		rvice Provider tion Number:			143005247		18	Contract Award Da (mm/dd/yyyy)		<u> </u>	2/2001
							19a	Service State Date (/2001
_	Service Pr	ovider Name					19b 20	Service End Date (n Contract Expiration			/A
	Service I I	ovider Rame		Gr	aybar Electri	c	20	(mm/dd/yyyy)	Date	06/30	/2002
	Description	n of this Service:	Yo rel	u MUST attach a devant brand names.	escription of the Label this descr	e service, includir	ng breakdown ttachment #, a	of components and cond note number in spa	sts, plus any ce provided below.	Attachment i	# USFATCH01
	Entity/Ent Service:	ities Receiving thi	is a.	Number of the er	itity from Block	4 receiving this:	service.	d by others), list the Er			
	Calculatio	ns									
		Recu	rring Char	es		Nor	n-Recurring	Charges		Total Charge	5
	A	В	C	D	E	F	G	Н	I	J	K
tal	ly \$ charges arnount for ervice)	How much of the \$ amount in (A) is incligible?	Eligible mont pre-discout amount (A minus I	t service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much o the \$ amoun in (F) is ineligible?	t pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment Request (I x J)
	0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500

Applicant's Form Identifier:

DMPS4710101

Billed Entity Applicant #: 131976

Con	act Pellon	Greg Dav	vis				Phonemb	er: 515-	242-7773				
BLC	OCK 5: Di	scount Funding	g Requ	est(s)				Pa	ge 189 of 319				
Instru	uctions: Use per the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv	vice (Funding) all processed	Request Num correctly.	ber) for which	you are requ	esting discounts. M	ake as ma	iny copie	es of this page a	is necessary, and
FRI	N #		·····			(to b	e assigned by	y adminis	trator)				
11		of Service (only (15	Contract Number (i "T" if tariffed service month-to-month serv described in instruction	e, "MTM" i ices as		RFP#	00-48C
12	Form 470	Application Nu	mber:		7043	34000029662	0	16	Billing Account N (e.g. billed telephor	umber: ne numbe	r)	N	/A
_				ļ				17	Allowable Vendor S Contract Date: (mn			12/12	/2000
13	1	rvice Provider tion Number:]	143005247		18	Contract Award Da (mm/dd/yyyy)	te			/2001
								19a	Service State Date (/2001
14	Service Pr	ovider Name						19b 20	Service End Date (n Contract Expiration		<i>y</i>)		/A
	Service (1	——————			Gra	ybar Electri	c	20	(mm/dd/yyyy)	Date		00/30	/2002
21	Descriptio	n of this Service:							of components and co and note number in spa			Attachment #	USFATCH0103
22	Entity/Ent Service:	titles Receiving thi	is	b. If	umber of the ent	ity from Block	4 receiving this:	service.	d by others), list the Ei		265517		
			rring C	harges			Not	n-Recurring	Charges	1		Total Charge	S
	A	В	(<u> </u>	D	E	F	G	Н			J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di amo	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one-	Total p year pre- \$ am (E &	discount	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	1	0	0	0	300,000	0	300,000	300,	000	63%	\$189,000

		pplicant #: 13					Applic's F			PS4710101		
	act Person:						Phone Numb	er: 515	-242-7773		_	
3LC	CK 5: Di:	scount Funding	g Reque	est(s)	_			Pa	age 190 of 319			
istn umb	ections: Use oer the comp	e one Block 5 pag pleted pages to as	e for EA sure that	CH serv they are	ice (Funding I all processed	Request Num correctly.	ber) for which y	ou are requ	uesting discounts. N	lake as many c	ppies of this page	as necessary, and
'RI	l #					(to be	assigned by	adminis	strator)			
1		of Service (only (-		ed) ● Internal C	onnections	15	Contract Number ("T" if tariffed service month-to-month services described in instruct	e, "MTM" if vices as	RFP#	00-48D
2	Form 470	Application Nu	mber:		7043	34000029662)	16	Billing Account N (e.g. billed telepho		N	// A
								17	Allowable Vendor Contract Date: (m	Selection/	12/12	2/2000
		rvice Provider tion Number:		<u>.</u>	1	143004340		18	Contract Award Da (mm/dd/yyyy)	ate		2/2001
			ļ		•	10001010		19a	Service State Date	(mm/dd/yyyy)		1/2001
								19b	Service End Date (I/A
	Service Pro	ovider Name			Dell	Marketing L	P	20	Contract Expiration (mm/dd/yyyy)	n Date	06/30	0/2002
	Description	n of this Service:							n of components and c and note number in sp		w. Attachment	# USFATCH010
!	Entity/Ent Service:	ities Receiving thi	is	Nu	imber of the ent	ity from Block	4 receiving this s	service.	ed by others), list the E		58991	-
				1	the service is sh g. A-1)	ared by all enti	ties on a Block 4	worksheet, l	ist the worksheet num	ber:		
	Calculation	ns			<u> </u>							
		Recu	rring Cl	harges			Non	-Recurrin	g Charges		Total Charge	s
	A	В			D	E	F	G	Н	I	J	K
otal	lly \$ charges anount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A mi	scount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	nt pre-discount \$ amount for one-	Total programyear pre-discou \$ amount (E & H)		Funding Commitment \$ Request (I x J)
		0)	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Io	lentifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 191 of	319	

FRN	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
-			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.			low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this service).	ervice.		05 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	n-Recurring C	harges		Total Charge	S
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

	d Entity Ap	pplicant #: 13	1976				Applics F	Form Iden	ntifier: 1	MPS471010	1		
Cont	act Person:	Greg Day	vis				Phone Numb	er: 51	5-242-7773				
BLC	CK 5: Di	scount Funding	g Requ	est(s)]	Page 192 of	119			
Instri numb	er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding) all processed	Request Num correctly.	her) for which y	you are red	questing discounts	. Make as man	y copie	s of this page a	is necessary, and
FRN	N #					(to be	e assigned by	y admin	istrator)			· · · · · · · · · · · · · · · · · · ·	
11		of Service (only (mmunications Se						15	Contract Numb "T" if tariffed se month-to-month described in inst	vice, "MTM" if services as	ise	RFP#	00-48D
12	Form 470	Application Nu	mber:		7043	34000029662	0	16	Billing Account (e.g. billed tele			N	/A
					7011		•	17	Allowable Vend Contract Date:	or Selection/		12/12	/2000
13		vice Provider ion Number:			1	143004340		18	Contract Awar (mm/dd/yyyy)	l Date		01/12	
								19a	Service State D)	07/01	/2001
4	Service Dr.	ovider Name			D. II	N.C Y	Th.	19b	Service End Da Contract Expir		 		/A
	Service III				Den	Marketing L	ar .	20	(mm/dd/yyyy)	ttion Date		06/30	/2002
1	Description	n of this Service:							vn of components a , and note number i			Attachment #	USFATCH010
22	Entity/Ent Service:	ities Receiving thi	is	b. If	imber of the ent	ity from Block	4 receiving this s	service.	red by others), list t		8995		
3	Calculatio	ns		1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
		Recu	rring C	harges			Non	ı-Recurri	ng Charges			Total Charges	3
	A	В	(3	D	E	F	G	Н	I		J	K
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di ame	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How muc the \$ amo in (F) i ineligibl	ount pre-discoun s amount for o	\$ year pre-di ne- \$ amou s (E &)	scount int	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0		0	0	0	7,500	0	7,500	7,500)	90%	\$6,750

Billed Entity Applicant #: 131976 Applicant's Form Identifier: DMPS4710101 Contact Person: Greg Davis Phone Number: 515-242-7773 **BLOCK 5: Discount Funding Request(s)** Page 193 of 319 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN# (to be assigned by administrator) 11 Category of Service (only ONE category should be checked) Contract Number (if available; use "T" if tariffed service, "MTM" if RFP #00-48D month-to-month services as O Telecommunications Services O Internet Access Internal Connections described in instructions) 12 Form 470 Application Number: 16 Billing Account Number: N/A (e.g. billed telephone number) 704340000296620 Allowable Vendor Selection/ 17 Contract Date: (mm/dd/yyyy) 12/12/2000 SPIN - Service Provider 13 Contract Award Date 18 Identification Number: (mm/dd/yyyy) 143004340 01/12/2001 Service State Date (mm/dd/yyyy) 19a 07/01/2001 Service End Date (mm/dd/yyyy) 19b N/A 14 Service Provider Name Dell Marketing LP Contract Expiration Date 06/30/2002 (mm/dd/yyyy) 21 Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0104 22 Entity/Entities Receiving this If the service is site-specific (provided to one site and not shared by others), list the Entity 58944 --Service: Number of the entity from Block 4 receiving this service. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1) 23 Calculations Recurring Charges Non-Recurring Charges **Total Charges** A В I J K \mathbf{C} Ð E F \mathbf{C} Н Monthly \$ charges How much of the Eligible monthly # of months Annual pre-Annual non-How much of Annual eligible Total program % discount Funding (total amount for pre-discount \$ year pre-discount (from Block 4 \$ amount in (A) pre-discount discount for recurring (one the \$ amount service Commitment \$ service) is ineligible? amount provided in eligible time) \$ in (F) is amount for one-\$ amount worksheet) Request time charges charges ineligible? (E & II) (A minus B) program year recurring $(1 \times J)$ charges (F minus G)

7,500

0

7,500

7,500

80%

\$6,000

 $(C \times D)$

0

0

0

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 194 of	319

FRI	N #	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			v. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this b. b. If the service is shared by all entities on a Block 4 	service.		•
23	Calculations	(e.g. A-1)		not the worksheet number.	

	Recu	rring Charges			Non	-Recurring C	harges		Total Charge	s
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Contact Perso		1976	· ····································			Form Identi		PS4710101		
LOCK 5: I	n: Greg Dav	vis			Phone Numb	er: 515-	242-7773			
	Discount Fundin	g Request(s)	···· · · · · · · · · · · · · · · · · ·		Pa	ge 195 of 319			
tructions: Unber the con	se one Block 5 pag appleted pages to as	ge for EACH sure that the	service (Funding y are all processed	Request Num correctly.	ber) for which y	you are reque	esting discounts. M	ake as many copi	es of this page	as necessary, and
RN#				(to be	e assigned by	v administ	rator)			
Categor	y of Service (only (ONE catego	y should be check			15	Contract Number (i	f available; use		
O Telec	communications Se	rvices O	Internet Access	• Internal C	onnections	1 1	"T" if tariffed service month-to-month serv described in instruction	ices as	RFP#	00-48D
Form 4	70 Application Nu	mber:	704	340000296620	n	16	Billing Account N (e.g. billed telephor	umber:	N	/A
			704	340000290021	U	17	Allowable Vendor S	election/		
i	Service Provider					18	Contract Date: (mn Contract Award Da			2/2000
Identific	ation Number:			143004340		10-	(mm/dd/yyyy) Service State Date ((44/4-1)		2/2001
						19a 19b	Service State Date (n			1/2001 //A
Service I	rovider Name		Dall	Marketing L	P	20	Contract Expiration			0/2002
Descript	ion of this Service:		ou MUST attach a de	escription of the	service, includin		(mm/dd/yyyy) of components and co	sts, plus any	1	
	ion of this Service: ntities Receiving thi	re	ou MUST attach a de evant brand names. If the service is si Number of the en	escription of the Label this descrite-specific (pro- tity from Block	service, including iption with an At wided to one site and 4 receiving this services.	and not shared	(mm/dd/yyyy)	sts, plus any ce provided below.	Attachment /	
Entity/E Service:	ion of this Service: ntities Receiving thi	re a. b.	ou MUST attach a de evant brand names. If the service is si Number of the en If the service is si (e.g. A-1)	escription of the Label this descrite-specific (pro- tity from Block	service, including iption with an At wided to one site and 4 receiving this sties on a Block 4	ttachment #, a and not shared service. worksheet, lis	(mm/dd/yyyy) of components and co nd note number in spa I by others), list the En st the worksheet numb	sts, plus any ce provided below.	Attachment #	USFATCH010
Entity/E Service:	ion of this Service: ntities Receiving thi	re is a.	ou MUST attach a de evant brand names. If the service is si Number of the en If the service is si (e.g. A-1)	escription of the Label this descrite-specific (pro- tity from Block	service, including iption with an At wided to one site and 4 receiving this sties on a Block 4	and not shared	(mm/dd/yyyy) of components and co nd note number in spa I by others), list the En st the worksheet numb	sts, plus any ce provided below.	Attachment /	USFATCH010
Entity/E Service: Calculat	ion of this Service: ntities Receiving thi ions Recu	rring Char	ou MUST attach a devant brand names. If the service is since is s	escription of the Label this descr ite-specific (pro- tity from Block hared by all enti	service, including iption with an At vided to one site and 4 receiving this sties on a Block 4	and not shared service. worksheet, lis	(mm/dd/yyyy) of components and co nd note number in spa I by others), list the En st the worksheet numb Charges H Annual eligible	sts, plus any ce provided below. htity 182009 -	Attachment	USFATCH010

	entio Ap	pplicant #: 13	1976				Applic . s F	orm Identif	ier: DMI	PS4710101				
Contact	Person:	Greg Day	vis				Phone Numb	er: 515-2	.42-7773					
LOCI	K 5: Dis	scount Funding	g Reque	est(s)				Pag	ge 196 of 319					
structi mber	ons: Use the comp	one Block 5 pag leted pages to ass	ge for EA sure that	CH serv	rice (Funding) all processed	Request Num correctly.	ber) for which y	ou are reque	sting discounts. M	ake as many copie	es of this page a	s necessary, and		
RN#							e assigned by	/ administ	rator)					
		of Service (only (egory sho	ould be checke			15	Contract Number (if "T" if tariffed service	, "MTM" if	RFP #	00-48D		
O	Telecor	nmunications Se	rvices	O Intern	net Access	• Internal C	onnections	1	month-to-month servi described in instruction					
F	orm 470	Application Nu	mber:		704:	34000029662	0	16	Billing Account No (e.g. billed telephor	umber:	N	/A		
								17	Allowable Vendor S Contract Date: (mm	election/	12/12	/2000		
		vice Provider ion Number:				143004340		1 1	Contract Award Da (mm/dd/yyyy)	te	01/12			
									Service State Date (1		07/01	/2001		
-	Service Provider Name								Service End Date (m		N/A			
3	ervice Pre	ivider Name		1	Dell	Marketing L	ιP		Contract Expiration (mm/dd/yyyy)	Date	06/30/2002			
	ntity/Enti ervice:	ities Receiving thi	is	a. If the b. If the b.	t brand names. I the service is sit umber of the ent the service is sh	Label this descr te-specific (pro tity from Block	vided to one site a 4 receiving this s	tachment #, and not shared service.	of components and cond note number in spa by others), list the Er t the worksheet numb	ce provided below.	Attachment #	USFATCH010		
1		2		(e.g	g. A-1)	 			· · · · · · · · · · · · · · · · · · ·					
C	alculation	10							Changes		Total Charges			
C	alculation		rring C	harges			Non	-Recurring	Charges	1	Total Charges	i		
C				harges C	D	E	Non F	-Recurring G	H	I	J J	K		
A onthly 5	charges	Recu	Eligible pre-di am		# of months service provided in program year	E Annual pre- discount for eligible recurring charges (C x D)			H Annual eligible	I Total program year pre-discount \$ amount (E & H)	· · · · · · · · · · · · · · · · · · ·			

Billed	Ent A	pplicant #: 13	1976	 		Applic s F	form Identifi	ier DMI	PS4710101		
	ct Person:					Phone Numb		42-7773			
		scount Fundin				- Thome Ivaino	,	ge 197 of 319			
				.ioo (Eundina l	Dagwagt Niver	hau) fau whiat v		sting discounts. Ma	.1	a of this server	
nbe	r the comp	oleted pages to as	sure that they are	all processed	correctly.	der) for which y	ou are reques	sting discounts. Wi	аке аз шану сорю	es or uns page a	as necessary, an
RN						assigned by	administi	rator)			
		of Service (only (ould be checke net Access	ed) ● Internal C	onnections	r	Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP#	00-48D
	Form 470 Application Number: 70434000029				340000296620	0	16 I	Billing Account Nu (e.g. billed telephor	ımber:	N	//A
							17	Allowable Vendor Se Contract Date: (mm	election/	12/12	2/2000
	SPIN Service Provider Identification Number:				143004340		1 1	Contract Award Dat (mm/dd/yyyy)	te	01/12/2001	
							<u> </u>	Service State Date (r		07/01/2001	
-	Service Pr	ovider Name		Dell	Marketing L	P	20	Service End Date (m Contract Expiration (mm/dd/yyyy)		N/A 06/30/2002	
							g breakdown o				
	Entity/Ent Service: Calculatio	ities Receiving thi	is a. If N b. If	the service is sit	e-specific (pro	vided to one site a	and not shared	by others), list the En	tity 28992 -	Attachment i	# USFATCH01
	Service:	ns	a. If N b. If (e.	the service is sit umber of the ent the service is sh	e-specific (pro	vided to one site a 4 receiving this s ties on a Block 4	tachment #, an and not shared service. worksheet, list	by others), list the En	tity 28992 -		# <u>USFATCH010</u>
	Service:	ns	is a. If N b. If	the service is sit umber of the ent the service is sh	e-specific (pro	vided to one site a 4 receiving this s ties on a Block 4	and not shared	by others), list the En	tity 28992 -	Attachment i	
otal a	Service: Calculatio	ns Recu	a. If N b. If (e.	the service is sit umber of the ent the service is sh g. A-1)	e-specific (pro- ity from Block ared by all enti	vided to one site a 4 receiving this s ties on a Block 4	tachment #, an and not shared service worksheet, list	by others), list the Ent the worksheet number of the W	28992 - er:	Total Charge	S

ct Person:		1976				Applicant's I	Form Iden	tifier:	DMI	PS4710101			
- 1 013011.	Greg Dav	vis				Phone Numb	er: 515	5-242-7773				#*************************************	
CK 5: Di	scount Funding	g Reque	st(s)				F	age 198	of 319				
tions: Use r the comp	one Block 5 pag pleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numl correctly.	ber) for which y	you are req	uesting disco	ounts. M	ake as many copie	es of this page a	ns necessary, and	
#		<u>.</u>			(to be	assigned by	v admini	strator)				· · · · · · · · ·	
O Telecor	mmunications Se	rvices			ed)		15	Contract N "T" if tariff month-to-m	ed service nonth servi	, "MTM" if ces as	RFP#	00-48D	
Form 470	Application Nu	mber:		704	34000029662)	16	1			N	/A	
				, ,	71000027002	•	17	Allowable	Vendor S	election/	12/12	/2000	
					143004340		18	Contract A	Ward Dat				
				•	143004340		19a	1		nm/dd/yyyy)	01/12/2001 07/01/2001		
Coming Davidson N					<u> </u>		19b				N/A		
Service Provider Name Dell Market					Marketing L	P	20	Contract Expiration Date			06/30/2002		
Description	n of this Service:							n of compone	nts and co		Attachment #	# USFATCH0104	
Entity/Ent Service:	ities Receiving thi	s	a. if t	he service is sit	te-specific (pro-	vided to one site :	and not shar	ed by others),	list the En	tity 178587 -		<u> </u>	
		ļ	b. If t	he service is sh				list the works	heet numb	er:			
Calculatio	ns		<u> </u>										
	Recu	rring Cl	narges			Non-Recurring Charges					Total Charges		
A	В	C	7	D	E	F	G		H	I	J	к ·	
/ \$ charges mount for vice)	How much of the \$ amount in (A) is ineligible?	pre-dis amo	scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	the \$ amo in (F) is	unt pre-di amoun e? time (F m	scount \$ t for one- charges inus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	()	0	0	7,500	0	7,	,500	7,500	40%	\$3,000	
	r the comp # Category O Teleco Form 470 SPIN – Set Identificat Service Pr Descriptio Entity/Ent Service: Calculatio A	the completed pages to as: # Category of Service (only 6 O Telecommunications Se Form 470 Application Nu SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recu A B Scharges Innount for vice) How much of the samount in (A) is ineligible?	r the completed pages to assure that # Category of Service (only ONE cate O Telecommunications Services Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recurring Cl A B (S charges mount for vice) \$ amount in (A) is ineligible? (A mi	r the completed pages to assure that they are # Category of Service (only ONE category sho O Telecommunications Services O Interr Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recurring Charges A B C S charges How much of the S amount in (A) is ineligible? How much of the S amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B)	# Category of Service (only ONE category should be checked O Telecommunications Services O Internet Access Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Entity/Entities Receiving this Service: Entity/Entities Receiving this Service: Recurring Charges A B C D S charges mount for vice) Form 470 Application Number: A B C D S charges mount for vice) Form 470 Application Number: Form 470 Application Number: 7042 You MUST attach a de relevant brand names. In the service is single Number of the end by the service is shounded in program year.	The completed pages to assure that they are all processed correctly. # (to be Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Communications Services O Internet Access Internal Communication Number: Form 470 Application Number: 704340000296626 SPIN - Service Provider	# (to be assigned by Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections Form 470 Application Number: 704340000296620 SPIN − Service Provider Identification Number: 143004340 Service Provider Name Dell Marketing LP Description of this Service: You MUST attach a description of the service, including relevant brand names. Label this description with an Air relevant brand names. Label this description with an Air Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 (e.g. A-1) Calculations Recurring Charges North (e.g. A-1) Scharges How much of the Samount in (A) is ineligible? How much of the service is service gissing the service of the entity from Block 4 (e.g. A-1) Calculations C D E F A B C D E F Annual prediscount for provided in program year discount for eligible recurring (one time) \$ charges (C × D) Annual non-recurring cone time) \$ charges (C × D)	# (to be assigned by admini Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 16 17 SPIN – Service Provider Identification Number: 143004340 Service Provider Name Dell Marketing LP Description of this Service: You MUST attach a description of the service, including breakdow relevant brand names. Label this description with an Attachment #, Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shar Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, (e.g. A-1) Calculations Recurring Charges A B C D E F G Non-Recurring Charges Non-Recurring Charges A B C D E F G S charges mount for sincligible? incligible monthly pre-discount amount for sincligible recurring charges (Cx XD) is incligible? incligible incligible incligible incligible incligible incligible incligible incligible incligible	(to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Internal Contentation Internation Internat	(to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Internal Con	(to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 It animal Connections Billing Account Number: (e.g. billed telephone number) It Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) Service Provider Name Dell Marketing LP Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this Service: Recurring Charges A B C D E F G H I Total program year rediscount samount (e.g. Alnoual prediscount service including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this Service: Recurring Charges A B C D E F G H I Total program year rediscount service including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this Service is site-specific (provided to one site and not shared by others), list the Entity IT8587- Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1) Total program year rediscount service including breakdown of components and costs, plus any relevant brand names. Label this description with an Annual prediscount in (F) is incligible? In the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (E.&. H) (F charges (F minus G)	(to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Internal C	

Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-77	773
BLOCK 5: Discount Funding Request(s)	Page 19	9 of 319

FR	N_#	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Deli Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any	ow. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	service.		13 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	1-Recurring C	harges		Total Charge	S
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (1 ² minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$3,000

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 200 d	of 319

FR	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Al		n of components and costs, plus any	low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this:	service.		57 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations	· · · · · · · · · · · · · · · · · · ·			

	Recu	rring Charges			Nor	-Recurring C	harges	Total Charges		
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & If)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	90%	\$4,500

							·* ÷.						
Bille	d Entity A ₁	oplicant #: 13	1976				Applicant's F	orm Iden	tifier:	DMP	S4710101		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 51:	5-242	-7773			
BLC	CK 5: Di	scount Funding	g Reques	st(s)				F	age	201 of 319			
Instra numb	octions: Use per the comp	one Block 5 pag leted pages to ass	ge for EAC sure that t	CH serv	ice (Funding I all processed	Request Num	ber) for which y	ou are rec	uestin	ng discounts. Ma	ike as many copie	s of this page a	s necessary, and
FRN	\			····		(to be	assigned by	admini	strat	tor)			
11		of Service (only Conmunications Se	_			ed) • Internal C	onnections	15	"T" mon	ntract Number (if if tariffed service, onth-to-month service cribed in instruction	"MTM" if	RFP #	00-48D
12	Form 470	Application Nu	ımber:		7043	4000029662	0	16		ling Account Nu g. billed telephon		N	/A
								17	Allo	owable Vendor Sentract Date: (mm	election/	12/12	/2000
13	1	vice Provider ion Number:				43004340		18		ntract Award Dat n/dd/yyyy)	e	01/12	
								19a		vice State Date (n	****	07/01	/2001
14	Service Pr	ovider Name	-		- Dall	Marketing L	D D	19b 20		vice End Date (mi			/A //2002
21		of this Service:							(mn	n/dd/yyyy) omponents and cos		00/30	72002
22	Entity/Ent Service:	ities Receiving thi	is	a. If the Number of States and St	brand names. I he service is sit	e-specific (pro	ription with an At vided to one site a	tachment # and not share ervice.	and no	others), list the En	tity 58953 -	Attachment #	USFATCH0104
23	Calculatio	ns		<u></u>	<u> </u>						··············		
		Recu	rring Ch	arges			Non	-Recurrii	g Ch	arges		Total Charge	5
	A	В	C		D	E	F	G		Н	I	J	K
(tota	nly \$ charges amount for service)	flow much of the \$ amount in (A) is ineligible?	Eligible n pre-disc amou (A min	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amo in (F) is ineligible	unt	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	7,500	0		7,500	7,500	80%	\$6,000
			1		<u>1</u>				1				(i x J) \$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 202 of 319	
Instructions: Use one Block 5 page for EACH service (Funding R	Request Number) for which you are requesting discounts. Make as many copies of this page as ne	cessary and

FR	N #	(to be assigned by	z admini	strator)	
11		egory should be checked) O Internet Access Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	/. Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	service.		-
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	ı	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 203 of 319	

FRI	N #	(to be assigned by	z admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A
			17	Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.			low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 	service.		89 -
23	Calculations	(e.g. A-1)			

	Non-Recurring Charges				s .					
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Bille	d Entity Ap	oplicant #: 131	1976				Applicant's F	Form Identif	ier: DM	PS4710101			
Conta	act Person:	Greg Day	is/				Phone Numb	er: 515-2	42-7773				
BLO	CK 5: Di	scount Funding	g Reques	st(s)				Pag	e 204 of 319				
		one Block 5 pag leted pages to ass					ber) for which y	you are reque	sting discounts. M	ake as many cop	ies of this page	as necessary, and	
FRN	T#	_				(to be	assigned by	v administ	rator)		<u></u>		
11		of Service (only Communications Service)	•	,				15	Contract Number (if 'T' if tariffed service month-to-month service	, "MTM" if ces as	RFP#	00-48D	
12		Application Nu			,	340000296620)	16	described in instruction Billing Account Notes, billed telephore	umber:	N	//A	
	CDIN C							17	Allowable Vendor S Contract Date: (mn	election/ n/dd/yyyy)	12/1:	2/2000	
13	SPIN – Service Provider Identification Number: 14300434					143004340			Contract Award Da (mm/dd/yyyy)			2/2001	
								L	Service State Date (1 Service End Date (11			1/2001	
14	Service Pro	ovider Name	-		Dell	Marketing L	P	20	Contract Expiration (mm/dd/yyyy)			0/2002	
21	Description	of this Service:						g breakdown	of components and conduction of conducti		. Attachment	# USFATCH0104	
22	Entity/Ent Service:	ities Receiving thi	S	Nut	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the Er				
23	Calculation	ns		Ω									
		Recu	rring Ch	arges			Nor	-Recurring	Charges		Total Charge	s	
	A	В	C		D	E	F	G	Н	Ι	J	K	
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible n pre-disc amou (A min	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	ō		0	0	7,500	0	7,500	7,500	80%	\$6,000	

(*)

Billed Entity Applicant #: 131976	Applicant's Form Ident	tifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515	-242-7773		
BLOCK 5: Discount Funding Request(s)	Pa	age 205 of 31	19	

FRI	N #	(to be assigned by	admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Att		n of components and costs, plus any	v. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 	ervice.		-
23	Calculations	(e.g. A-1)			

	Recu	rring Charges			Non-Recurring Charges				s	
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976 Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) Page 206 of 319

FRI	N #	(to be assigned by	admini	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services	,	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		on of components and costs, plus any	w. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	ervice.		3 –
		b. If the service is shared by all entities on a Block 4 we (e.g. A-1)	orksheet, lis	st the worksheet number:	
23	Calculations				

	Recurring Charges						harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000	

	I Ent. A	oplicant #: 13	1976				Appl. s F	orm Identifi	er: DM I	PS4710101				
Cont	ct Person:	Greg Dav	vis	······································			Phone Numb	er: 515-2	42-7773					
3LO	CK 5: Di	scount Funding	g Reque	est(s)				Page	e 207 of 319	·····				
ıstru umb	ctions: Use er the comp	one Block 5 pag leted pages to ass	ge for EA sure that	CH serv they are	ice (Funding l all processed	Request Num correctly.	ber) for which y	ou are reques	sting discounts. M	ake as many copie	es of this page a	as necessary, and		
'RN	#					(to be	assigned by	administr	ator)					
l		of Service (only (ed) • Internal C	onnections	n	Contract Number (in The International Contract Number (in The International Contract Number (in International Contract Number (in Instructional Contract Number (in Instructiona	, "MTM" if ices as	RFP#	00-48D		
2	Form 470	Application Nu	mber:		7043	34000029662	n	16 E	Billing Account Notes. e.g. billed telephore	umber:	N	/A		
					, • • •	, 100002,002	v	17 A	Allowable Vendor S Contract Date: (mm	election/	number)			
3		vice Provider ion Number:				43004340		1 - 4	Contract Award Da mm/dd/yyyy)	te				
									Service State Date (1		07/01	/2001		
	Service Provider Name Dell Marke						P	20	Service End Date (nr Contract Expiration mm/dd/yyyy)					
·		of this Service: ities Receiving thi	is	relevant a. If t	brand names. I	_abel this descr e-specific (pro	ription with an At	tachment #, and	f components and co d note number in spa by others), list the Er	ce provided below.	Attachment #	# <u>USFATCH0104</u>		
	Service:			b. If			4 receiving this sties on a Block 4		the worksheet numb	er:				
3	Service:		rring C	b. If (e.g	he service is sh		ties on a Block 4	worksheet, list		er:	Total Charge	s		
			rring C	b. If (e.g	he service is sh		ties on a Block 4			er:	Total Charge	s K		
3 Ionth	Calculatio	Recu	Eligible pre-di ame	b. If (e.g	he service is sh	ared by all enti	ties on a Block 4	worksheet, list	Charges		- -			

Bille	ed Entity Ap	pplicant #: 131	1976				Applicant's F	Form Identif	ier: DM I	PS4710	101				
Conf	tact Person:	Greg Day	/is				Phone Numb	er: 515-2	42-7773						
BLC	OCK 5: Di	scount Funding	g Reque	est(s)	<u></u>			Pag	ge 208 of 319						
Instru	uctions: Use ber the comp	one Block 5 pag eleted pages to ass	e for EA sure that	CH serv	ice (Funding all processed	Request Num correctly.	her) for which y	ou are reque	sting discounts. Ma	ake as m	any copic	es of this page a	s necessary, and		
FRI	N #					(to be	assigned by	v administ	rator)						
11		of Service (only (•				15	Contract Number (if 'T' if tariffed service month-to-month servi	, "MTM" ces as	e; use if	RFP #	00-48D		
12		Application Nu		- Into	<u>-,</u>			16	described in instruction Billing Account Nu	umber:		N	/A		
					/04.	34000029662	U	17	(e.g. billed telephon Allowable Vendor So Contract Date: (mm	election/	e number)				
13	· ·	rvice Provider ion Number:				143004340		18	Contract Award Dat (mm/dd/yyyy)			N/A 12/12/2000 01/12/2001 07/01/2001 N/A 06/30/2002 Attachment # <u>USFATCH0104</u>			
								<u> </u>	Service State Date (n						
14	Service Provider Name Dell Market						P	20	Service End Date (m Contract Expiration (mm/dd/yyyy)		/ <u>y</u>)				
21	Description	n of this Service:						g breakdown o	of components and condition of the number in space			Attachment #	USFATCH0104		
22	Entity/Ent Service:	ities Receiving thi	s				vided to one site a		by others), list the En	itity	58981 -				
				b. If					the worksheet numb	er:					
23	Calculatio	ns													
		Recu	rring Cl	harges	4		Nor	-Recurring	Charges			Total Charge	3		
	A	В	(C	D	E	F	G	Н		I	J	K		
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?			# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	year pre \$ ar (E	program -discount mount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	0	(0	0	0	7,500	0	7,500	7,	500	80%	\$6,000		

Billed Entity Applicant #: 131976 Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) Page 209 of 319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A
			17	Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b Service End Date (mm/dd/yy		N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any	ow. Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s		by others), list the Entity 5892	2 -
		b. If the service is shared by all entities on a Block 4 we (e.g. A-1)	orksheet, lis	t the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	nt in (A) pre-discount service dis igible? amount provided in (A minus B) program year re		ount in (A) pre-discount service discount for recurring (one the \$ amount eligible? amount provided in eligible time) \$ in (F) is	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750	

	ed Er. A	pplicant #: 13	1976				Appl. 's I	Form Identifi	er: DM I	PS4710101		<u> </u>			
Cont	act Person:	: Greg Dav	vis				Phone Number: 515-242-7773								
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Page	210 of 319						
Instru numl	uctions: Use per the comp	e one Block 5 pag oleted pages to as	ge for EA	CH serv	vice (Funding label)	Request Num	ber) for which	you are reques	ting discounts. M	ake as many copie	es of this page a	s necessary, and			
FRN	V #					(to be	assigned by	administr	ator)						
11		of Service (only (ould be checken net Access	ed) • Internal C	onnections	'n	15 Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D			
2	Form 470 Application Number:				7043	34000029662	n	, ,	Filling Account Notes, billed telephore		N/A				
	/043400002						-	17 A	llowable Vendor S Contract Date: (mn	election/	12/12/2000				
3	ŧ	rvice Provider tion Number:		143004340				1 1	Contract Award Da mm/dd/yyyy)	te	01/12/2001				
								ervice State Date (1		07/01/2001					
4									ervice End Date (n		N/A				
ŧ	Service Pr	ovider Name			Dell	Marketing I	P.		Contract Expiration mm/dd/yyyy)	Date	06/30/2002				
3	Entity/Ent Service: Calculatio	lities Receiving th	is	b.If the	umber of the ent	ity from Block	4 receiving this s	service.	others), list the Entit	y 58928 -					
	1	Recu	rring C	harges	· · · · · · · · · · · · · · · · · · ·		Nor	-Recurring (Charges		Total Charges				
	A	В	(C	D	E	F	G	Н	I	J	K			
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	t in (A) pre-disco		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)			
			0		0	0	7,500	0	7,500 7,500		50%	\$3,750			

	101														
Bille	d Entity Ap				Applicant's Form Identifier: DMPS4710101										
Cont	act Person:	Greg Day	/is				Phone Number: 515-242-7773								
BLO	CK 5: Di	scount Funding	g Reque	est(s)		·			Page	211 of 319					
numb	Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.													s necessary, and	
FRN # (to be assigned by administrator)															
11 Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal of							onnections	15	"T mo	ontract Number (if "if tariffed service, onth-to-month service scribed in instruction	"MTM" if	ise	RFP #00-48D		
12	Form 470	Application Nu	mber:		7043	340000296620		16	(e.	illing Account Nu	e number)		N/A		
								17		llowable Vendor Se ontract Date: (mm/			12/12/2000		
13	SPIN Service Provider Identification Number: 143004340							18 Contract Award Date (mm/dd/yyyy) 0				01/12	/2001		
	1450045									Service State Date (mm/dd/yyyy)			07/01/2001		
								19b		ervice End Date (m			N/A		
14		ovider Name				Marketing Ll		20	<u>(n</u>	ontract Expiration nm/dd/yyyy)			06/30/2002		
21	Description of this Service: You MUST attach a description of relevant brand names. Label this de												Attachment #	USFATCH0104	
22	Entity/Ent Service:	ities Receiving thi	is				ovided to one site and not shared by others), list the Entity k 4 receiving this service. 5896					8963 -			
						t, list tl	he worksheet numbe	er:							
23	Calculatio	ns		_	<u> </u>										
		····	Non-Recurring Charges			Total Charges									
	A	В	(D	E	F	G		Н	I		J	K	
(total amount for service) \$ amount in (A) pre-carries is ineligible? an (A n		amo (A mi	monthly scount ount nus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How mu the \$ am in (F) ineligib	ount is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total pro year pre-di \$ amoi (E &	scount unt H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$6,000		
0 0				· ·	. ,	U	7,500	۱ '		,,500	,,,,,,,,,	~	00/0	Ψ0,000	